

FAMILIES WHO HAVE CHILDREN WITH DISABILITIES LIVING AT HOME ABILITY TO PAY - WORKSHEET 1

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|----------------------------|-----------|--------|----------------|
| Name or Client I.D. Number | Birthdate | County | Date Completed |
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A. WAIVER OF COST SHARING BASED ON ELIGIBILITY FOR OTHER PROGRAMS WHERE INCOME IS CONSIDERED

1. Check the programs where client or parent is now eligible
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> W-2 | -If any are checked, client/family do not |
| <input type="checkbox"/> SSI or SSI-E | share in cost. |
| <input type="checkbox"/> Food Stamps | SKIP TO LINE 25 and enter 0 and STOP. |
| (Child living at home) | DO NOT COMPLETE remainder of this form. |
- If none are checked, continue with line 2.

B. COST SHARING BASED ON INCOME DECLARATION

- | | |
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| 2. Enter the client's annual income. (If the client is on MA Waiver, enter zero.) | 2 |
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Instruction for all clients under age 18, skip to line 5.
For FAMILY SUPPORT PROGRAM CLIENTS AGE 18 AND OLDER, continue with line 3.
(Lines 3 and 4 are only for adult clients in the Family Support Program who are not on COP or Medicaid Waivers.)

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| 3. FOR FAMILY SUPPORT CLIENTS OVER AGE 18, Subtract \$16,404 (minimum budget allowance for 1 person) from the ADULT CLIENT'S INCOME in line 2. | 3 \$ |
| 4. Multiply the result in line 3 by .03. This is adult client's cost share. Copy amount to line 25 & STOP. | 4 |

If the child is under 18 years, the income of the family must be declared
to figure their cost share. Continue with line 5.

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| 5. Enter Parent's ADJUSTED GROSS income from U.S. Form 1040 or the family's income from declaration form. Use information from the most recent year unless income in the coming year is expected to change significantly from the previous year. In that case, estimate the amounts that would be shown on the form 1040. | 5 | |
| 6. Copy Total Social Security--if any--shown on 1040. Copy Taxable Social Security from 1040. | a b | |
| 7. Subtract line b from line a and enter result. | 7 | |
| 8. Enter depreciation claimed for rental (Schedule E), self-employed (Schedule C), or farm income (Schedule F). | 8 | |
| 9. Add lines 5, 7 and 8. | 9 | |
| 10. Enter actual annual principal payments made on items depreciated in line 8. (See statement from bank or finance company showing total principal and interest.) | 10 | |
| 11. Subtract line 10 from line 9. | 11 | |
| 12. Enter annual amounts parents are court ordered to pay. (<u>ONLY</u> if you have calculated family income rather than using adjusted gross income from the 1040.) | 12 | |
| 13a. Subtract line 12 from line 11. | 13a | |

Continue on reverse side

| | | |
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| 13b. Copy the amount from line 13a on the front of this worksheet. | | 13b |
| 14. Copy Client Income from line 2 of this worksheet. | | 14 |
| 15. Enter Social Security and other benefits received by other minor children in family. | | 15 |
| 16. Find the total of lines 13b, 14, and 15. | | 16 |
| 17. Enter minimum Budget allowance for the family size. (Use allowance figure from current worksheet.) PERSONS LIVING IN FAMILY & ALLOWANCE 2 <u>26,508</u> 4 <u>36,636</u> 6 <u>45,780</u> 8 <u>51,144</u> 10 + <u>55,560</u> 3 <u>31,548</u> 5 <u>41,676</u> 7 <u>48,948</u> 9 <u>53,352</u> This table assumes ONE disabled child in the family. | 17 | |
| 18. Enter \$3,300 for EACH additional disabled family member. | 18 | |
| 19. Find the total of lines 17 and 18. | | 19 |
| 20. Subtract line 19 from line 16. If result is less than 0, enter 0 in line 20 and line 25 and STOP. | | 20 |
| 21. If line 20 is greater than 0, multiply by .03. | | 21 |
| 22. Enter all other annual expenses for disability related care and services. See #11 on DDE-465, Declaration of Income.) | 22 | |
| 23. Enter amount family pays annually for Uniform Fee System services. (See #12 on DDE-465, Declaration of Income.) | 23 | |
| 24. Add lines 22 and 23. | | 24 |
| 25. Subtract line 24 from line 21 to get family's annual share of the cost of services. If ZERO or less, enter zero and STOP. | | 25 |

C. ADJUSTMENT FOR NON-RESPONSIBLE RELATIVE

If income is contributed by persons other than those legally responsible to pay (the disabled person and birth or adoptive parents), figure the adjustment as follows:

| | | |
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| 26. Determine income contributed by the disabled person & the birth or adoptive parents (this is the amount in line 16 minus social security and other benefits received by other minor children in family {line 15} minus stepparent income.) | 26 | |
| 27. Copy total family income from line 16. | 27 | |
| 28. Divide line 26 by line 27. | | 28 |
| 29. Multiply line 25 by line 28. This is the family's adjusted annual share. | | 29 |

D. SUMMARY

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| 30. Agency Option: To find a monthly cost share amount, divide line 25 (or line 29 if adjusted) by 12. | 30 | |
| 31. Total Annual Service Plan Cost. | | 31 |
| 32. Family's Cost share obligation, line 25 (or 29 if adjusted). | | 32 |

Personally identifiable information on this form is collected to determine your share of the cost of services and will be used only for this purpose.